

# **Transition of MAGI Medicaid Enrollees from the Local Department of Social Services (LDSS) to NY State of Health**

**March, 2018**

## Overview of Improvements

Approximately 7,500 upstate cases per month will be transitioning from Medicaid coverage through the LDSS to Medicaid coverage through NY State of Health.

Process will be similar to the process used for the Aliessa population and with the enrollment center counties which have already transitioned their enrollment to NY State of Health.

Enhancements have been made in order for NY State of Health to receive Medicaid Managed Care (MMC) plan enrollment information.

- **Goal:** Maintain plan coverage for Medicaid members without experiencing month(s) of Fee-For-Service coverage only.
- NY State of Health will auto-enroll consumers in the same Medicaid Managed Care plan whenever possible.

A change has also been made to the timing of the notice.

- **Goal:** Consumers will receive their NY State of Health notice closer to the consumer's end date of coverage through their LDSS.

## Transition by County for MAGI Medicaid Consumers

Date the county was identified to begin transitioning consumers into NY State of Health	County	
July, 2016	Albany, Cortland, Dutchess, Madison, Orange, Putnam, Rensselaer, Rockland, Schenectady, Sullivan, Ulster, Westchester	These counties have been transitioning as consumer's come due for renewal or as the consumers' TA case closes.
August, 2016	Allegany, Cattaraugus, Chenango, Columbia, Fulton, Genesee, Greene, Herkimer, Jefferson, Livingston, Monroe, Montgomery, Niagara, Oneida, Onondaga, Ontario, Oswego, Schoharie, Schuyler, Seneca, Steuben, Tioga, Washington, Wyoming, Yates	
May, 2017	St. Lawrence	
March, 2018	Broome, Cayuga, Chautauqua, Chemung, Clinton, Delaware, Erie, Essex, Franklin, Hamilton, Lewis, Nassau, Orleans, Otsego, Saratoga, Suffolk, Tompkins, Warren, Wayne	These counties began the transition in March

Information on NYC Counties will be forthcoming

## Transition by County for MAGI Medicaid Consumers

Date the county is identified to begin transitioning consumers into NY State of Health	County
March, 2018	Broome, Cayuga, Chautauqua, Chemung, Clinton, Delaware, Erie, Essex, Franklin, Hamilton, Lewis, Nassau, Orleans, Otsego, Saratoga, Suffolk, Tompkins, Warren, Wayne

Example: Timeline for counties whose transition process begins in March:

NYS DOH identifies cases to transition	Consumer's MA coverage through LDSS is ending	Consumer will receive a notice from Medicaid Services Division	Consumer will receive notice a notice from NY State of Health instructing them to renew in NY State of Health	Consumer's renewal period in NY State of Health
March, 2018	May 31, 2018	Mid-March	Mid-April	April 16 - May 15

# Transition of MAGI Medicaid Enrollees from LDSS to NY State of Health



Consumers will first receive a notice from their Local Department of Social Services (LDSS) approximately 75 days before their coverage will end through their LDSS.

Consumers will then receive a notice from the Marketplace instructing them to renew their coverage with NY State of Health approximately 45 days before their coverage will end through their LDSS.

- LDSS child-only cases will not receive a notice from NY State of Health if not found on an existing account.

The information in the Marketplace notice may vary depending on whether the consumer has an existing account in the Marketplace

## **It's Time to Renew Your Health Insurance Coverage The Way to Renew is Changing This Year**

Eligibility for health insurance coverage for you and/or members of your household **must now be determined through NY State of Health**, The Official Health Plan Marketplace. Health insurance coverage for individuals listed below cannot be renewed through the Albany County Department of Social Services.

Please follow the directions below. This will tell you what steps you need to take before your Medicaid coverage ends with your local department of social services.

**If you do not act, you will not have health insurance coverage after your Medicaid ends.**

# Transition of MAGI Medicaid Enrollees from LDSS to NY State of Health



1. **Shell account** renewal language will be included for applications that are pre-populated with information received from local district databases (basic demographic information, completed verifications that won't need to be duplicated, and Medicaid Managed Care Plan enrollment information).
  - Consumers will receive a notice with messaging indicating that an account has been started for them and provides an invitation code to be used to access their online account at NY State of Health.

<b>ACTION IS REQUIRED for the following individuals:</b>	
JOHN SMITH JOSEPH SMITH JANE SMITH	
<b>CASE STATUS:</b>	You were sent a notice earlier that told you that <b>your Medicaid coverage will end on February 28, 2018</b> . An account has been started for you at NY State of Health. Your account number is <b>AC0001234567</b>
<b>ACTION REQUIRED:</b>	<b>You must log into this account by February 15, 2018.</b> Be sure to use this invitation code, <b>12345678910111213141</b> to complete your log in. Then follow the directions below to complete the renewal process.

# Transition of MAGI Medicaid Enrollees from LDSS to NY State of Health



2. **Matched account** renewal language will be included for consumers that are matched to an existing NY State of Health account.
- For example: Mom had Medicaid coverage through the local district. Her children were enrolled through NY State of Health, and mom was the non-applying account holder. This notice will send her the account number of the account she already has, so that she can mark herself as applying and update the account information in order to complete her renewal.

**ACTION IS REQUIRED for the following individuals:**

JOHN SMITH  
JANE SMITH  
JOSEPH SMITH

**CASE  
STATUS:**

You were sent a notice earlier that told you that **your Medicaid coverage will end on February 28, 2018.** Our records show that you have a NY State of Health account. The account number is **AC0001234567.**

**ACTION  
REQUIRED:**

**The account holder must log into the account between January 16, 2018 and February 15, 2018** to make sure that the information in the account is up-to-date.

- 3. Temporary account** renewal language will be included for consumers who were matched using a “possible match” search criteria. These might be people with no SSNs where we think they might already be on an existing account, but we are not entirely sure due to limitation of the data available for matching.
- Consumers whose notice includes language indicating that they **may** be part of an account with NY State of Health have a few options:
    - If the consumer knows that they have an account and knows how to access it, they should log in to their account and update it to complete the renewal process.
    - If the consumer knows that they have an account but does not know how to access it, they can call customer service for assistance.
    - If the consumer does not have an account with NY State of Health or they are not sure, they can call customer service who will be able to direct them to the existing account, if there is one.
      - If the consumer does not have an account, the call center will be able to convert the temporary account to a shell account.

**JOANNE SMITH**

**CASE  
STATUS:**

You were sent a notice earlier that told you that your **Medicaid coverage will end on February 28, 2018**. Our records show that you **may** be a part of an account with NY State of Health.

**ACTION  
REQUIRED:**

**Make sure that your information in a NY State of Health account is updated by February 15, 2018.**



If the MAGI consumer is receiving Temporary Assistance (TA) at the local district, they will not transition to NY State of Health.

- Remain in Medicaid through the LDSS.
  - If the consumer loses their TA, they will be transitioned to NY State of Health.
  - If a consumer applies for TA at the LDSS, and the TA is denied, the consumer will be transitioned to NY State of Health.
    - Information will be forwarded to NY State of Health to assist with creating the application.
- If the consumer is in need of care and services that can only be provided through the local district, they will not transition to NY State of Health.
  - If the consumer was enrolled in, but no longer needs certain services (such as Waiver or Nursing Home services) and they remain MAGI, they will be transitioned to NY State of Health prior to renewal.

# Transition of MAGI Medicaid Enrollees from LDSS to NY State of Health



NY State of Health is changing the time frames for sending the notices so that consumers will receive their notice closer to their renewal period.

## What should Assistors be doing to help?

1. If contacted for an appointment, try to work with the consumer to identify the date range or due date that they are supposed to apply in NY State of Health. If they received a letter but do not have it, the Call Center can assist in providing the dates.
  - Two (2) different sets of messaging about due dates may appear on the notice from NY State of Health.

### ACTION REQUIRED:

Make sure that **your information in a NY State of Health account is updated by May 15, 2018.**

### ACTION REQUIRED:

**The account holder must log into the account between April 16, 2018 and May 15, 2018** to make sure that the information in the account is up-to-date.

This consumer's renewal period will be from:

**April 16<sup>th</sup> – May 15<sup>th</sup>.**

This consumer received their notice on or after April 16<sup>th</sup>, so their notice only provides the due date.

- This consumer can act immediately.

This consumer's renewal period will be from:

**April 16<sup>th</sup> – May 15<sup>th</sup>.**

This consumer likely received their notice before April 16<sup>th</sup>, so their notice provides the exact date range.

- We do not want them to apply too early.

## What should Assistors be doing to help?

2. Consumers can have their account assigned/transferred to the Assistor of their choosing by logging in and answering “Yes” to the question “Would you like to authorize a Navigator/Broker” or by calling the Call Center.
  - If the consumer gets the notice for a matched account or a temporary account, ask them if they already have an account. If so, use that account. If they are not sure, the consumer can contact the Call Center ahead of time to access the account and authorize the Assistor, if needed.
3. For newly created shell accounts, follow the instructions in the notice, and be sure to use the invitation code in the notice to access the correct account.

If the consumer wants or needs to access the account and the timeframe specified in the notice has passed, it remains important that they still use the information provided in the notice in order to avoid creating duplicate accounts.

# Review of Renewal Timing and The Enhancement in Bringing over the Consumer's Medicaid Managed Care Enrollment Information.

## Timely renewals:

- When a transitioning consumer renews by the 15<sup>th</sup> day of the month in which the existing LDSS coverage is ending, AND the consumer either:
  - selects the same MMC plan that they had previously or
  - does not select and enroll in any MMC plan
    - the consumer will be enrolled/auto-enrolled into the same MMC plan (if available) that they had through LDSS effective the first of the month after their current MMC coverage end date with LDSS.
- If the consumer selects a different MMC plan than they had through LDSS, the new enrollment will be effective the first of the month after their current MMC coverage end date with LDSS.
- **These consumers will have MMC without any Fee-For-Service only months.**

Timely Renewal			
Current Medicaid coverage ends at LDSS.	Completes renewal and enrollment on NY State of Health	Medicaid Fee-For Service start date	Medicaid Managed Care start date
5/31/2018	4/16/2018 – 5/15/2018	N/A	6/1/2018

## **Renewals which occur after the 15<sup>th</sup> of the month, but prior to the existing LDSS coverage ending:**

- When a transitioning consumer selects the same MMC plan that they had previously or does not select and enroll in any MMC plan:
  - the consumer will be enrolled/auto-enrolled (if available) into the same MMC plan that they had through LDSS effective the first of the month after their current MMC coverage end date with LDSS.
- If the consumer selects a different MMC plan than they had through LDSS, the new enrollment will be effective based on the 15<sup>th</sup> day of the month rule.
  - The consumer will be auto-enrolled back into the MMC plan that they had through their LDSS effective the first of the month after their current MMC coverage ends with LDSS.
  - The new MMC enrollment will become effective the first of the subsequent month.

**These consumers will have MMC without any Fee-For-Service only months unless they do not select any plan and auto-assignment is not possible (due to a move or change in plan availability).**

# Medicaid Managed Care (MMC) Auto-Enrollment Rules for Transitioning Consumers



## Renewals which occur after the 15<sup>th</sup> of the month, but prior to the existing LDSS coverage ending:

- Functions like a Marketplace “Late Renewal”

Late Renewal				
Current Medicaid coverage ends at LDSS.	Completes renewal and enrollment on NY State of Health	Plan Enrollment Circumstances	Medicaid Fee-For Service start date	Medicaid Managed Care start date
5/31/2018	5/16/2018 – 5/31/2018	<ul style="list-style-type: none"> <li>• <b>Consumer selects the same MMC plan</b> or</li> <li>• <b>does not select any MMC plan</b> (and same plan is available)</li> </ul>	N/A	6/1/2018
5/31/2018	5/16/2018 – 5/31/2018	<ul style="list-style-type: none"> <li>• <b>Consumer selects a different MMC plan</b></li> </ul>	N/A	<ul style="list-style-type: none"> <li>• Consumer will be auto-assigned into their old MMC plan 6/1/2018</li> <li>• New MMC plan will begin 7/1/2018</li> </ul>
5/31/2018	5/16/2018 – 5/31/2018	<ul style="list-style-type: none"> <li>• <b>Consumer does not select any MMC plan</b> (and the same plan is <u>not</u> available). <b>Consumer will be auto-enrolled in new MMC plan within 10 days.</b></li> </ul>	6/1/2018	7/1/2018

## Renewals which occur after the existing LDSS coverage has ended:

- Existing rules apply:
  - Consumer's will be given Medicaid Fee-For-Service (FFS) retroactive to the first of the month in which they update their application and are found eligible for Medicaid.
  - MMC enrollment will begin based on the 15<sup>th</sup> of the month rule once the consumer selects and enrolls in a plan.
  - MMC Auto-Assignment will kick in after 10 days, if the consumer has not selected and enrolled in a MMC plan.

Overdue Renewal			
Current Medicaid coverage ends at LDSS.	Completes renewal and enrollment on NY State of Health	Medicaid Fee-For Service <u>only</u> .	Medicaid Managed Care start date
5/31/2018	6/1/2018	6/1/2018 – 6/30/2018	7/1/2018
5/31/2018	6/16/2018	6/1/2018 – 7/31/2018	8/1/2018



# What should Assistors be doing to help?

## Key Takeaway

Work with your consumers to access their accounts (whether shell or existing) before their coverage through the Local Department of Social Services ends.

- Take all needed steps on or before the 15<sup>th</sup> of the month in which coverage is ending to maintain continuity of coverage.
- Complete the renewal process to gain an eligibility determination from NY State of Health.
- Always proceed to the plan selection page to see if the consumer has been auto-enrolled or if they need to take additional steps to enroll in a plan.



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**The Way to Renew is Changing This Year**

## More Key Takeaways

It is always important to ask clients if they have already started an application on the Marketplace or if they have received any notifications by mail from NY State of Health.

Use the information in the notice to access the current account, the shell account, or contact the call center to convert the temporary account.

Avoid creation of duplicate accounts/applications whenever possible.



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# Thank you for joining us!



If you have any questions about this presentation, please email:  
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